
Policy Number: 500.400
Title: Nutritional~~Dietitian~~ Services
Effective Date: 11/5/1911/15/24

PURPOSE: For establishment of protocol ~~To provide protocols to~~ ensure adequate and proper nutrition is offered to the incarcerated population~~offenders~~ and juvenile youth~~residents~~. This is accomplished through ~~through~~ the provision of menu~~nutritional~~ oversight of menus and dietetic expertise to food and health services units at all state~~department~~ correctional facilities by state-licensed and registered dietitians (RD). This includes provision of nutritional recommendations and prescriptions, dietary counseling and educational materials, and coordinating meal production documents for the food program ~~To provide procedures regarding prescribing and providing medically modified and allergy diets.~~

APPLICABILITY: _____ Adult and juvenile facilities; health services and food services staff; and incarcerated person~~people~~offenders and juvenile youth~~residents~~

DEFINITIONS:

Allergen – an antigenic substance capable of producing immediate hypersensitivity, otherwise known as an allergy.

Alternative meal option – a tray option providing a lacto-ovo vegetarian meal that ~~offenders~~ may be selected~~choose~~ on a meal-by-meal basis at standard adult facilities, excluding male bootcamp and juvenile facilities. ~~It p~~Provides a high-fiber, meatless meal choice, lower in calories/carbohydrates/fat/and salt, to be used for ~~offender~~ religious, medical, and preference purposes.

Anaphylaxis – a serious life-threatening allergic reaction which usually occurs within a few seconds or minutes of exposure to allergic substances. This involves hives, swelling, and sudden drop in the blood pressure and sometimes cardiac shock which may be fatal.

Cachexia – also known as wasting due to severe chronic illness; is loss of weight, muscle atrophy, fatigue, weakness, and significant decrease in appetite.

Dietary team – consists of nutritional professionals (registered dietitians and certified dietary managers) working in clinical, food service, and educational roles within the agency's food program.

Food allergies – reactions to foods outside of the body's digestive system that are fought by the immune system and can be consistently reproduced, often capable of triggering an anaphylactic response.

Food intolerance – a digestive system response rather than an immune system response. It occurs when something in a food challenges a person's digestive system in a way that can result in gas, pain, heartburn, nausea, diarrhea, headache, or vomiting.

Food preference – foods that one personally chooses ~~whether~~ to consume or not.

Modified diets – diet plans that are medically indicated, as determined by a health services practitioner.

Therapeutic Diet Resource Manual – a guide for DOC health care providers in prescribing modified diets, and for health care staff to interpret and carry out diet orders, including provision of basic nutrition education and handouts.

PROCEDURES:

A. Menus

1. A registered/licensed dietitian (RD) is involved in menu planning and must ensure all menus meet nationally recognized allowances for basic nutrition and the departmental dietary goals.
2. The dietary team~~dietitians~~ identifies specific products, recipes, and portion sizes to create standardized menus capable of consistently meeting the nutritional requirements of the average male and female incarcerated person~~offender~~ and juvenile youth~~resident~~.
3. ~~With each new seasonal menu version,~~ A detailed nutritional analysis must be used with each new seasonal menu version to ~~formally~~ approve the semi-annual menu provisions.
4. The standard adult facilities must offer both the general~~regular~~ and alternative menus, when possible, to allow self-selection options and practice~~to be realistic~~.
5. The alternative meal option must be recommended and encouraged~~used~~ whenever possible to meet ~~most the majority~~ of the populations'~~offenders'~~ basic diet needs for common health concerns.
6. The DOC menus are created to be nutritionally adequate for the majority of people, making it unnecessary to enhance a regular diet with additional self-purchased food.
7. The offender/resident~~person in our care~~ is responsible ~~to make for making~~ appropriate food choices in accordance with self-manageable food allergies or medical needs, utilizing~~sing~~ the alternative menu and/or choosing items to leave uneaten and limiting use of canteen or vending snacks.

B. Modified diets

1. Modified diets are also known as therapeutic diets and must be based on a health or medical necessity, ~~and~~ not on food preferences. Menus for specific conditions are created by the RDs.
2. The alternative menu is structured specifically to offer another meal option for those avoiding dairy, tomatoes, onions, mushrooms, fish, pork, peanuts, and excess sodium in the main entree. It is a self-selection recommendation for weight control, diabetes, heart health, and constipation due to fewer calories, less fat, and less fat and added sugar while offering higher fiber.
3. The dietary team~~itian~~ functions as a resource for practitioners considering an~~wanting to~~ order for a modified diet or nutritional supplement,~~and~~ supplement and maintains dietary reference materials for the department found on iShare (Business Unit: Health Services— Food and Nutrition - Therapeutic Diet Resource Manual.)).
4. The primary care practitioner is authorized to order ~~modified diets and~~ standard medical diets and snacks through the special restrictions area of the Electronic Health Record

~~(EHR/HER)~~ if ~~the person's offender/resident~~ health needs cannot be met on general or alternative menu lines using self-selection.

5. If the practitioner is requesting a non-standard diet option, an RD must be consulted following the EHR workflow that utilizes the "Request for Dietary Guidance" form.
6. An RD may make recommendations via nutrition prescription to the practitioner for specific snacks, supplements, or modified diets. All recommendations must be co-signed by the practitioner to be considered medical orders.
- 7.a) All food-related medical orders must be designated on the EHR and communicated to food services by nursing staff. ~~—, and limited to, a Medical Diet Order Request Form (attached). Selection of non-formulary diets not listed on the form must involve a dietitian. The incarcerated person must receive a copy of their diet order.~~
- ~~— b) —~~ Diet orders must be reviewed~~written~~ annually, or more often as clinically indicated.
- ~~e) —~~ Certain medical conditions have pre-established dietary accommodations that can be initiated by the practitioner (e.g. snack bags for cachexia, gastric bypass, pregnancy, and hypoglycemia).
- ~~4. —~~ Dietary orders are kept in the offender/resident medical record. Food services tracks all special diet orders received and contacts health services as needed to ensure accuracy and the continued need for the provisions.
85. Upon an incarcerated person's offender intra-agency transfer, the receiving facility's health services staff must review that person's an offender's medical information for modified diet orders and inform a practitioner if a current order is present. ~~If the modified diet is to be continued at the new facility, the practitioner must re-authorize the modified diet order with the person's offender's new location document support and so nursing can notify the current food services with the written order on the Medical Diet Order Request form. The expiration date for the modified diet order should remain the same, and routing of the order form should follow regular procedures.~~
- ~~6. —~~ The facility food services operation must implement modified diets using current guidelines and menus found on iShare (Business Unit: Health Services — Food and Nutrition — Therapeutic Resource Manual — Available Medical Diets).
- ~~7. —~~ A dietitian may make recommendations via nutrition prescription to the practitioner for specific snacks, supplements or modified diets. All recommendations must be co-signed by the practitioner in order to be considered medical orders.
- ~~8. —~~ A dietitian creates modified diet menus as needed (for both medical and religious reasons) and assists food service in implementation when necessary.
9. The refusal of health care procedures contained in Policy 500.010, "Health Services", also applies to people offenders refusing modified diets. An RD-dietitian must attempt to meet with the person an offender/resident having significant diet confusion or menu frustrations if notified.

- ~~106.~~ The facility food services operation must implement modified diets when ordered using current guidelines and menus found on iShare, the menu software system, or special modified menus provided by the dietary team (Business Unit: Health Services – Food and Nutrition – Therapeutic Resource Manual – Available Medical Diets). Incarcerated persons may request a copy of their current special menu from food services.
- ~~110.~~ Nourishments (e.g. for example e.g., food-based snacks-supplements, crackers, milk, fruit) ordered by a practitioner must be purchased by the facility and paid for from the facility food budget. ~~N~~The contract health services vendor pays for ~~N~~nutritional supplements (e.g. for example e.g., Ensure® or other commercial supplements) ordered by a ~~contracted~~ practitioner are purchased through the contracted health services vendor.
- ~~12.~~ Food service staff will track all special diet orders received as well as supervise and document daily special diet provisions for accuracy and acceptance.
- ~~11.~~ The agency's food program director maintains the signed audits of all modified diets, conducted annually by a dietitian.

C. Food allergies

- ~~1.~~ Menus are pre-planned to allow self-avoidance of ~~allow self-avoidance of the~~ the common major allergens of peanuts, tree nuts, fish, and seafood. ~~Many~~ Many other types of single item food allergies and intolerances ~~are self-manageable by a person by a person,~~ such as ~~straw~~blueberries, bananas, mushrooms, and spicy foods ~~such as strawberries.~~
- ~~2.~~ Listing of an allergy to food(s) ~~of an allergy to foods in the EHR and COMS, self-~~manageable or not, ~~must~~should designate if it is self-reported ~~only~~ or verified through ~~occur~~ if evidence of an allergic reaction. ~~as opposed to food intolerances, preferences, or aversions, is found valid, is documented, and is with is with merit.~~ Consult the RD for assistance when necessary.
- ~~31.~~ Allergy diet menu orders are required and approved ~~The practitioner must:~~
- a) ~~Use the Medical Diet Order Request form if a food allergy is not self-manageable, which will trigger a dietitian consult.~~
- b) ~~Approve an allergy diet only when presented with presented with evidence of a significant allergic reaction to specific food(s) that is found valid, documented, and with merit as opposed to as opposed to food intolerances, preferences, or aversions AND the food allergen(s) is not self-manageable for adequate nutrition.-~~
- a) Examples of appropriate evidence include medical verification of an anaphylactic reaction to a specific food and/or allergies verified with food-specific immunoglobulin E (IgE) testing. ~~Self-reporting to other health facilities is not considered appropriate evidence.~~
- b) If documentation is not readily available and the allergen is unavoidable with significant ~~reaction~~ high-risk, a short-term (~~one~~two-week) special diet should be authorized to allow time for the retrieval ~~of allergy~~ of evidence.
- c) As an exception, the diagnosis of gluten-intolerance will justify the Gluten-Free modified diet order. Additionally, a severe lactose-intolerance may also warrant a modified diet to control symptoms with RD support.

~~e) Follow protocol when considering severe lactose intolerance and gluten intolerance, such as celiac disease, as necessary avoidance diets.~~

42. Health services staff must: ___

a) Assist the person in our care in locating medical documentation. Before an appointment with a practitioner can be set, a person must complete a release of information (ROI) to support a food allergy claim.

b) In the event of a severe allergy diagnosis or multiple-food allergy diagnosis, immediately notify the practitioner, facility food services, and the dietitian to ensure safe meals can be offered.

c) If a ROI is not possible or productive, connect with the dietitian for assistance.

~~a) Immediately notify the practitioner, facility food service director, and a dietitian in the event of a severe allergies diagnosis or multiple allergies diagnosis.~~

~~b) Assist the offender/resident in locating medical documentation to support a food allergy claim before an appointment is set with the practitioner.~~

~~e) Contact the dietitian in the case of a non-formulary diet order request and assist in the discovery of related chart documents.~~

~~d) Scan all Medical Diet Order Request forms to the food service unit.~~

~~e) Provide the offender/resident with either the self-management guidance on food issues or the relevant label-reading guideline sheet for a proven protein allergy for use in meal service and canteen to assist in avoiding the allergen. Such guidelines and other nutrition education materials are available for staff on iShare (Business Unit: Health Services—Food and Nutrition—Therapeutic Diet Resource Manual—Available Medical Diets—Food Allergy Diets—Offender Education).~~

5. Designating an allergy diet accommodation:

a) Select among the options within the allergy diet restriction in the EHR that coincide with the allergy severity and evidence. Follow the process as outlined, which may require dietitian involvement.

b) For a vetted and self-manageable food allergy, select the Allergy Alert option which must be shared with food services for reference.

c) An ~~Order~~ allergy restriction, like other medical diets, must be scanned to food services.

d) Severe food allergy situations will require RD guidance for a possible non-standard diet restriction order if a unique menu is needed.

~~6. Educational materials are available to offer facility-level guidance to persons able to self-navigate food concerns. For instance, “Solutions for Common Food Issues” or the~~

relevant Label Reading sheet for a proven allergy is useful in avoiding both food intolerances and allergens in meal service and canteen/vending purchases.

Such Guidelines and other nutrition education materials handouts are available for staff on iShare (Business Unit: Food and Nutrition – Therapeutic Diet Resource Manual – Available Medical Diets – Food Allergy Diets – Patient Education).

7. The RDs develops allergy diets for people in their care only for people Allergy diets are developed by the RD only for people without the capability to fully avoid allergen(s) while remaining nourished, as some can be hidden ingredients or frequent components of meals.
8. The RDs are available to meet directly with an incarcerated person/resident requiring more complex allergy diet education or nutritional counseling.
9. Food service staff are trained in the food allergy processes and follow production protocols to ensure avoidance of cross-contact and application to all feeding scenarios (menu substitutions, holiday meals, lockup meals, and bag meals:).
10. Food service staff must will keep a log of food allergy alerts and diets, seeking clarity from health services and/or the dietary team as needed. When necessary, food service staff will read food labels when product changes are encountered until the RD is contacted.

~~3. The dietitian must:~~

- ~~a) Ensure that dietary restrictions related to allergies are valid, well-documented, and with merit;~~
- ~~b) Create special menus for those offenders/residents with multiple unavoidable allergies or those who are unable to self-manage;~~
- ~~c) Meet directly with an offender/resident requiring more complex allergy diet education or guidance; and~~
- ~~d) Recommend vitamin/mineral supplementation when appropriate.~~

~~4. Food service staff must:~~

- ~~a) Provide food substitution as recommended by the dietitian when a food allergy renders the remaining diet inadequate, as in the case of:
 - ~~(1) Life-threatening allergies (e.g., severe reactions to milk or soy);~~
 - ~~(2) Multiple food allergies (e.g., beans and corn); and~~
 - ~~(3) An allergen that is a common ingredient in other foods (e.g., eggs or wheat).~~~~
- ~~b) Replace foods causing allergic reaction(s) with similar foods of equal nutritional value when substitution is necessary, following a menu or seeking dietitian guidance as necessary. This may involve regular meals, holiday meals, religious meals, lockdown meals, and bag meals.~~

~~e) — Read food labels until a dietitian can be contacted when it is necessary to consider the use of a newly added food product to menu supplies.~~

~~5. — The offender/resident is responsible to:~~

~~a) — Provide needed information to assist in verifying the stated food allergy, refraining from misrepresenting a strong food aversion as an allergy.~~

~~b) — Employ self-selection to consistently avoid the allergen(s) at meals, snacks, and canteen.~~

~~e) — Accept appropriate dietary instruction as needed.~~

~~d) — Notify health services and/or food services when legitimate allergy concerns arise.~~

D. Dietary education

1. The ~~RDs~~dietitians ~~creates~~create basic dietary education materials for use ~~with the~~with the ~~incarcerated population -which are~~ The educational materials are available on ~~offenders/residents, which can be found on~~ iShare (Business Unit: ~~Health Services—~~ Food and Nutrition – Therapeutic Diet Resource Manual – Nutrition Advice – General ~~and~~ Nutrition Advice – as well as Specific Conditions).

2. ~~Broader nutritional~~ Preventative nutrition education ~~education~~ may be provided to groups of incarcerated people via ~~classes~~classes, health fairs, cable broadcast, electronic tablet topics, and occasionally by a dietitian in class or ~~guest-speaker presentations to~~ offender/resident groups that focus on chronic health conditions or current topics in nutrition. Proactive ~~Periodic~~ nutrition booths at health fairs and nutrition education postings may be periodically created to encourage healthier eating within the general population.

3. Nutritional insight relevant to the DOC population is, ~~and will be,~~ presented at health service staff orientations, to ~~nursing skills fairs~~ participants, ~~health service meetings~~ participants, and to the practitioners ~~contracted practitioners~~ as necessary.

E. Nutritional consultation

1. Upon ~~health service~~ request, the ~~RDs~~ state dietitians are accessible ~~available~~ to provide medical nutrition therapy or recommendations for individuals ~~individual~~ ~~offenders/residents~~ with special dietary circumstances. Recommendations are recorded on the “Dietary – Response from Dietitian” form in the EHR. ~~The preferred method for contacting the dietitian involves submitting either a completed Dietitian Consultation form (attached) or a Dietitian Referral form (attached), which can be found on iShare (Business Unit: Health Services—~~ Food and Nutrition – Therapeutic Diet Resource Manual – Forms to Request Items or Services).

2. ~~Nutritional assessment documents are kept in the Treatment section of the offender’s/resident’s medical chart and Dietitian Notes (attached) are used to record additional notes from the dietitian.~~

23. The ~~RDs dietitians~~ are available to evaluate incarcerated people/residents at high-risk for suboptimal nutrition status populations (such as those who are pregnant, elderly, elderly, disabled, post-surgical, on a hunger strike, or receiving acute care) ~~or transitional care offenders~~) ~~within the facilities~~ to maximize health outcomes through nutritional intervention.
34. The dietary team is supportive and assists ~~dietitians are available to assist~~ health services and food service staff in in-creating a plan for an incarcerated person's/offender's/resident's special dietary requirements, balancing medical needs, religious concerns, and facility food service and meal service capabilities.~~e capabilities.~~

F. Dietary oversight

F. Monitoring

1. The certified dietary manager works under the supervision of an RD, who in turn receives guidance from the food program director.
- 1.2. The dietary team monitors 1. ~~The dietitians oversee~~ the accurate and consistent production of modified diets ~~at from~~ the facility food service s-locations through software reports, at all facilities by on-site visits, menu monitoring, and product tracking~~health services or offender/resident feedback.~~ Annual audits of modified diets in food service production are conducted and documented.
2. 2. ~~The dietary team must A signed semi-annual menu review of~~ electronic diet order reports at facilities routinely to ensure proper application and acceptance, as well as look for inconsistencies with the diet list maintained by food services. dietary allowance provisions must be provided to food services supervisors by the approving dietitian. The established Nutritional Standards for Menus used by the dietitians can be found on iShare (Business Unit: Health Services—Food and Nutrition—Food Services Operations Guidebook—Food Program Standards).
3.
4. The RDs will recommend clarifications to nutritional orders as identified while utilizing the EHR system or as requested, as well as place patients on a nutritional follow-up list to support them in reaching difficult health care goals and nutrition problem resolutions.
5. The dietary team will review and revise the online materials in the Therapeutic Diet Resource Manual on an annual rotation and as needed.
6. of dietary allowance provisions must be provided to food services supervisors by the approving dietitian. The established nutritional standardsNutritional Standards for DOC menus mustMenus used by the dietitians can be reviewed twice annually and kept current. The parameters are updated with relevant information as appropriate and kept as a referencefound on iShare (Business Unit: ~~Health Services—Food and Nutrition – Food Services Operations Guidebook – Food Program Standards).~~
7. 3. ~~The dietary team refers dietitians refer~~ food service training needs discovered during monitoring to the food program director.

- ~~4. The dietitians participate in the approval of all commercial nutrition supplement orders, screening for accurate product name, amount, and appropriateness for the offender's/resident's medical condition.~~
- ~~a) A dietitian may recommend a nutritional goal at the time of supplement approval to aid in clearly identifying the supplement's purpose.~~
- ~~b) A dietitian tracks supplement use to identify repetitive order renewals, indicating prolonged use. The dietitian may suggest other dietary approaches if the nutritional objective remains unmet or discontinuation of the supplement when appropriate.~~

INTERNAL CONTROLS:

- A. A semi-annual review of DOC menus is documented and maintained by the ~~RDs~~dietitians. A public version of the general and alternatives menus' nutritional analysis is posted online with each menu cycle for both men and women's facilities.
- B. Practitioner's orders for modified diets, supplements, and nutritional consultation counseling are maintained in the ~~EHR~~medical records.
- C. Nutritional assessment documents on individuals ~~offenders/residents~~ are kept in ~~the the~~ Dietary Progress Notes and Dietitian Response documents within the EHR Treatment section of medical charts.
- D. The juvenile facility maintains school nutrition menu documents for three years in anticipation of the period-ending audit by the MN Department of Education.
- E The agency's Food Program Director maintains the current credentials of the members of the dietary team.

~~Annual audits of modified diets in food service production are conducted and maintained by the dietitians.~~

~~ACA STANDARDS: 4-4318; 1-ABC-4C-06; 2-CO-4C-01~~

REFERENCES: Minn. Stat. §§ [148.621 – 148.634](#)
Minn. Rules, Chapter [3250](#)
[Policy 500.010, "Health Services"](#)
[Policy 302.030, "Food Service"](#)
[Policy 302.300, "Religious Programming"](#)

REPLACES: Policy 500.400, "Dietitian Services," ~~10/2/18~~11/5/19.
All facility policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic

ATTACHMENTS: All referenced ~~forms and nutritional guidance documents~~ materials for health services can be found at ~~health services'~~ Food & Nutrition iShare page in the Therapeutic Diet Resource Manual folder.
Dietary communication forms are located within the EHR system.
Dietitian Consultation form (500.400K)
Non-Formulary Supplement Request Form (500.400L)
Medical Diet Order Request form (500.400M)
Dietitian Referral form (500.400N)

Dietitian Notes form (500.4000)

APPROVED BY:

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